24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
National Nurses United for Patient Protection	
	C C00490375
Check if 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
The Rossmoor News	M M / D D / Y Y Y Y
Mailing Address 1006 Stanley Dollar Drive	05 18 2016 Amount
	Amount
City State Zip Code	1300.00
Walnut Creek CA 94595	Transaction ID: D734989 Date of Disbursement or Obligation
Purpose of Expenditure Advertising Category/ Type	M 05
Name of Federal Candidate Support Office	e Sought: House District: 00
Bernie Sanders Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought Disbut 2016	ursement For:
Full Name of Payee National Nurses United	Date of Public Distribution/Dissemination
	05 16 / Y Y Y Y
Mailing Address 155 Grand Avenue	Amount
City State Zip Code	492.75
Oakland CA 94612	Transaction ID : D735229 Date of Disbursement or Obligation
Purpose of Expenditure Payroll Category/	05 18 2016
Туре	
	e Sought: House District: 00
Bernie Sanders Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought Disbut	ursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	1792.75
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	1792.75
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Martha Kuhl [Electronically Filed] Date)5 18 2016
Signature	